

This form will contain sensitive or personal data once completed – it should be handled and stored securely

# Outdoor Health Questionnaire



## 1. Name of scheme

## 2. Name of walk

## 3. Your name

## 4. Title (Mr, Ms, etc)

## Your Contact Details

## 5. Address

## 6. County

## 7. Postcode

## 8. Tel No.

## 9. E-mail

## 10. Are you happy to be contacted by your scheme (e.g. about forthcoming events)?

- Yes If yes, what is your preferred method:  
 phone  email  post  
 No – please do not contact me

## Health Screening

## 11. For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people for whom it would be wise to have medical advice before starting:

- a. **Has a doctor** ever said you have a heart condition?  Yes  No  
b. **Do you feel pain in your chest** when you do physical activity?  Yes  No  
c. **Do you ever lose balance** because of dizziness or ever lose consciousness?  Yes  No

d. **In the past month have you had pain** in your chest when you were **NOT** doing physical activity?

Yes  No

e. **Do you have a bone or joint** problem that could be made worse by a change in your physical activity?

Yes  No

*If you answered yes to any of the Health Screening questions, you must seek medical advice before participating in a walk.*

## Health Declaration

I understand that if I have answered **yes** to any of the previous Health Screening questions, I must seek medical advice before attending a walking programme. I agree to tell the walk leaders if there is a change in my medical condition.

***I understand that this information will be shared with other walk leaders and that I walk at my own risk.***

Signed

Date

**To make the case for funding and to help us to monitor the effectiveness of walks for your walking schemes, please help us by answering the following questions:**

## 12. Have you been diagnosed by your doctor or health professional with any of the following medical conditions?

- Heart disease  
 High blood pressure  
 COPD (Emphysema and chronic bronchitis)  
 Diabetes  
 Asthma

*Please advise the walk leader if you have any other conditions you feel they might need to know of.*

## 13. Do you have a long-standing (for more than 12 months and likely to continue) illness or disability which affects (or limits) your day to day activities?

No  Prefer not to say  Yes

If **Yes**, please tick all that apply:

- Physical disability  Sensory disability  
 Learning disability  Learning difficulties  
 Mental Health issues  
 Long-term or life limiting illness  
 Other  Prefer not to say

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## About You

14. Are you a trained walk leader?

Yes  No

15. Have you been recommended by your doctor or a health professional to come on this scheme?

Yes  No

16. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?

*This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job. Please tick one box:*

0  1  2  3  4  5  6  7

17. Age:

16-24  25-34  35-44  
 45-54  55-64  65-74  
 75-84  85+

18. Gender:  Male  Female

19. Ethnicity:

White British  White Irish  
 White Other  Chinese  
 Traveller/Roma/Irish Traveller  
 Mixed/White and Black Caribbean  
 Mixed White and Black African  
 Mixed/ White and Black Asian  
 Mixed/ Other  
 Asian or Asian British/Indian  
 Asian or Asian British/ Pakistani  
 Asian or Asian British/ Bangladeshi  
 Asian or Asian British/ Other  
 Black or Black British/ African  
 Black or Black British / Caribbean  
 Black or Black British /Other  
 Other  
 Not disclosed

20. Please tell us how you found out about this scheme (please tick any that apply):

- GP/ Health professional referral  
 Library  
 Walking Group  
 Poster/advertisement  
 Leisure centre  
 Residents' Association  
 Health trainer referral  
 Millets/Blacks  Tesco  M&S  
 VisitWoods  
 Told about it by someone (not covered above)  
 Other – please state

21. Are you happy to be contacted to help us evaluate health walks?

Yes  No

*Thank you for completing this questionnaire*

## Using and Sharing Your Information

Natural England will hold your information in accordance with the Data Protection Act 1998. It will be entered onto a secure database managed by BTCV (formerly known as British Trust for Conservation volunteers) on our behalf, after which this form will be shredded or if needed stored securely by your walk scheme. Permission to access the database is strictly controlled and monitored by Natural England. The information you have given may only be viewed by those who need to do so and you will only be contacted in accordance with your wishes.

Your information is used to evaluate the impact of Walking for Health on people's physical activity levels for the Department of Health, and to measure Walking for Health's impact on other health and environmental outcomes. It will be used to influence and support further funding bids for local and national schemes, and for academic institutions studying and furthering our understanding of the roles walking and the natural environment play in our health and wellbeing.

Signed

Date